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Re: Case # 13-CV-1335-JPG-DGW

The following report by Dr. Michael Angarone, D.O. is in reference to the medical malpractice claim against Debra Hale, et al. (Dustin M. James v. Debra Hale, et al. 13-CV-1335-JPG-DGW)

1. I am an Infectious Disease specialist with 9 years of clinical practice in the field of Infectious Disease. My medical focus is patients with infectious diseases related to immunocompromising conditions, including HIV/AIDS, cancer chemotherapy and organ transplantation. I have an Illinois license, #036-114094 (exp. 7/31/2020). I am currently employed by Northwestern University Feinberg School of Medicine in the Division of Infectious Diseases. I provide consultative care for immunocompromised patients in the hospital and clinical setting. I am also responsible for the education of medical students attending Northwestern Feinberg School of Medicine and internal medicine residents being trained at Northwestern.
2. I currently care for over 100 HIV infected individuals at my outpatient clinic at Northwestern Medicine. These patients range from newly diagnosed patients with HIV infection to individuals with long standing HIV infection to individuals that have suffered the complications from HIV/AIDS. My clinic provides care services, which include medical evaluations, laboratory evaluations, social work assessments and consultations with a pharmacist. I also have been caring for individuals admitted to the hospital that have developed serious illness related to their HIV infection, typically opportunistic or other infections.
3. I have reviewed the documents provided by the Plaintiff's counsel (the law offices of Richard Dvorak) concerning this case, which includes (1) medical records from St. Elizabeth's Hospital, (2) medical records from Wexford Health Sources Incorporated, (3) medical records from Quantum Vision Centers (4) medical records from Archview Medical Specialists, (5) medical records from SLU Care (6) medical records from St. Claire County Jail, (7) the deposition of the plaintiff Dustin M. James and (8) deposition of Debra Hale

**Exhibit A**

4. The following is my review of the documents related to the care and treatment of Dustin M. James as it pertains to case 13-CV-1335-JPG-DGW.
  - a. In January 2015 Mr. Dustin M. James (the Plaintiff) was a 28-year-old male incarcerated at St. Claire County Jail. On Jan. 11, 2015 Mr. Dustin was in an altercation with a fellow inmate. He was hit in the head and fell forward. The Plaintiff hit the floor and injured his left face. He developed a laceration and swelling of the left face. Because of the injury he was transferred to St. Elizabeth's Hospital. A contusion was noted on the left face and a CT scan of the face identified a comminuted left zygomatic arch fracture and possible left orbital fracture. His facial laceration was closed and he was informed to follow-up with an Ear Nose and Throat surgeon and to have the sutures removed in 5 days.
  - b. On Jan. 19, 2015 the sutures were removed from the left facial laceration without difficulty at the St. Claire County Jail infirmary. The Plaintiff was seen twice in January 2015 by Quantum Vision Specialists. The left orbital fracture was noted, no visual changes were identified and no specific therapy was given. On Jan. 26, 2015 the Plaintiff was seen by the Archview Medical Specialists for evaluation of the left facial and orbital fracture. The recommendation was for surgical reduction of the fracture, but the Archview clinic was not performing surgeries. The Plaintiff was referred to a plastic surgeon for evaluation of surgical management of the fracture.
  - c. On Feb. 19, 2015 the Plaintiff awoke with severe swelling and pain on the left side of his face. He had difficulty opening the left eye secondary to the swelling. He presented to the infirmary with the complaint of the facial swelling and pain requesting to be seen by a physician. He was noted to have facial swelling by Ms. Debra Hale (the Defendant). He was told he did not have a prescription for ibuprofen and a note was written that he would be referred to the physician. During this presentation the Plaintiff became angry that he was not being given pain medications and that he was not being evaluated for the swelling and pain on the left side of his face. The Plaintiff had a verbal altercation with the Defendant. An incident report was written up regarding the incident. Per the testimony by the Plaintiff he was brought back to his cell and was sent to see the plastic surgeon on Feb. 20, 2015 (his scheduled appointment).
  - d. On Feb. 20, 2015 the Plaintiff was seen at SLU Care Plastic Surgery clinic by Dr. Brian Hill and Dr. Bruce Kraemer. The left eye pain and swelling was noted as secondary to the left zygomatic arch fracture. His exam was notable for an elevated temperature of 100 degrees F. His face had significant left peri-orbital edema and tenderness over the left zygomatic arch. A repeat CT scan of the face was performed and identified a minimally displaced left zygomatic arch fracture, no involvement of the orbital wall and soft tissue swelling. The Plaintiff did not return to the clinic after his CT scan. Dr. Kraemer reviewed the

CT scan, the exam and the elevated temperature and called a prescription for ciprofloxacin 500mg twice per day to the St. Claire County Jail.

- e. The message for the antibacterials (ciprofloxacin) was reviewed on Feb. 23, 2015 and the ciprofloxacin was ordered for the Plaintiff. He was started on the ciprofloxacin on Feb. 23, 2015. At the time the facial swelling was noted to be the size of a "tennis ball" and he was noted to have difficulty opening his mouth. He was changed to a liquid diet since he could not open his mouth. On Feb. 24, 2015 the Plaintiff was noted to have a fever with a temperature of 102.3 degrees F. He was continued on ciprofloxacin.
  - f. On Feb. 25, 2015 the Plaintiff was seen at St. Elizabeth's Hospital for evaluation of his facial swelling and pain. At the time of this visit he complained of the facial pain, swelling and visual changes. A repeat CT scan of the face was done which identified a depressed left zygomatic process fracture and left anterior superior maxillary sinus fracture along with swelling over the zygomatic process concerning for an early abscess. The Plaintiff was prescribed amoxicillin-clavulonate (Augmentin) for 10 days.
  - g. On March 2, 2015 the Plaintiff was again seen at SLU Care by plastic surgery. It was noted that he was seen in Feb at St. Elizabeth's and given antibiotics for an abscess. The recommendation was to continue the antibiotics and the plastic surgeon wanted to review the CT scan from St. Elizabeth's.
  - h. On Mar. 21, 2015 the Plaintiff was again seen at St. Elizabeth's Hospital with recurrence of his facial swelling and pain. After he was given the antibiotics in Feb. the swelling improved but recurred on Mar. 19, 2015. He was given pain medications, another prescription for antibacterials and instructed to make an appointment with a primary care provider.
5. Based on my review of the events of the case as detailed above the Plaintiff developed an abscess on the left side of his face at the site of his left zygomatic fracture due to negligence by the Defendant by not obtaining timely evaluation for the Plaintiff by a physician and dealing the administration of antibacterials prescribed by Dr. Kraemer on Feb. 20, 2015. The Plaintiff complained of swelling and pain of the left face on Feb. 19, 2015. He was not seen by a physician until Feb. 20, 2015. He was prescribed antibacterials on Feb. 20, 2015, but this medication was not administered until Feb. 23, 2015. The lack of timely evaluation and the delay in administering antibacterials (not given until 3 days after the medication was recommended and 4 days after his swelling worsened) resulted in the progression of the infection.
  6. To a reasonable degree of medical certainty, it is my opinion that evaluation of the increased swelling of the Plaintiff's increased swelling and pain on the left side of his face on Feb. 19, 2015 would have resulted in early identification of the abscess that developed at the site of the left zygomatic arch fracture.

- a. The Plaintiff was developing an infection on Feb. 19, 2015, which was not addressed on the day that he was complaining of increased pain and swelling (Feb. 19, 2015).
- b. Furthermore the 3-day delay in administration of the ciprofloxacin (an antibiotic) that was prescribed on Feb. 20, 2015 also resulted in progression of the infection and continued development of the facial abscess.
- c. As a result of the delay in identification and treatment for the infection on the left face the Plaintiff developed an abscess which resulted in chronic numbness and pain in the left face.
- d. It is my opinion that if the pain and swelling that the Plaintiff complained of was addressed on Feb. 19, 2015 his infection would have been identified and treated earlier which would have prevented the facial abscess from forming and the Plaintiff would not have developed the chronic numbness and pain on the left face. Timely and early administration of antibiotics would have prevented the infection from progressing into an abscess and would have prevented the development of the sequela associated with the infection, the Plaintiff's persistent pain and numbness in the left side of his face.

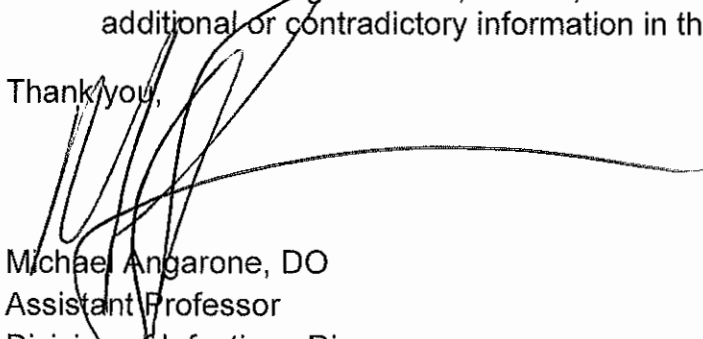
7. In the prior 5 years (2013 to 2018) I have given deposition for the following case(s):

- a. Beth Helm, POA for Marlene Todd v. Landmark Hospital of Joplin, LLC et al. Case No. 12A0-CC00223; Claim No. HM184112

8. As of this writing I have spent 7 hours reviewing this case. My fees related to the review of this case are \$350/hour for reviewing case materials and \$500/hour for deposition and testimony time.

9. I reserve the right to alter, amend, or modify any of these opinions if I am provided additional or contradictory information in the future.

Thank you,



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